

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009502

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

319

Primary Registration District No.

Registrar's No.

102

FILED FEB 26 1962

1. PLACE OF DEATH

a. COUNTY

STE. GENEVIEVE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

STE. GENEVIEVE T.S.

Length of stay in lb

6 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

RKA L

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

STE. GENEVIEVE

c. CITY

OR TOWN

STE. GENEVIEVE

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

RKA L

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

BARBARA

Middle

ELIZABETH LICHTFUS

Last

LICHTFUS

4. DATE OF DEATH

Month

FEB

Day

22

Year

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-18-86

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

AUSTRIA-HUNGARY

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

PHILLIP KILYON

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

DOMINICK LICHTFUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Dominick Lichtfuss, Ste. Genevieve Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

10 yrs.

DUE TO (b)

Bronchial Pneumonia

3 days

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

Hour

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 20, 1962, to April 23, 1962 and last saw her alive on April 20, 1962
Death occurred at 6:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. L. Lanning M.D.

22b. ADDRESS

Ste. Genevieve Mo

22c. DATE SIGNED

2/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

2/24/62

23c. NAME OF CEMETERY OR CREMATORY

VALLEY SPRING

23d. LOCATION (City, town, or county)

STE. GENEVIEVE

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Leo C. Basher Ste. Genevieve Mo 23 February 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10450

204502

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Alman J. Elker

Licensed Embalmer No.

4240

P. O. Address

St. Genevieve Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.